08912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rural
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) ABE

4. DATE OF DEATH: (Month) August (Day) 7th (Year) 1952

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** May 13, 1914 **9. AGE last birthday:** 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lord Kum **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (State or foreign country): Cumberland, Md. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: DANIEL ABE **14. MOTHER'S MAIDEN NAME:** MAY WEBER ABE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Deer's Head State Hospt (Record) Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Lobar Pneumonia. 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocardial Insufficiency. 10 days

DUE TO

(c) Rheumatic Heart disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/ 1952, to 8/7/ 1952, that I last saw the deceased alive on 8/7/52, 19....., and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS M. D. Salisbury Md. Deer's Head State Hosp. DATE SIGNED 8/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Aug 14-52 NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 8-14-52 REGISTRAR'S SIGNATURE Mary W. Holloway **24. FUNERAL DIRECTOR** Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 18 1952
BUREAU V. S.

08913

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 224 Third Street

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Rebecca (Last) Angulo
4. DATE OF DEATH (Month) 8 - (Day) 29 (Year) 1952
5. SEX Female
6. COLOR OR RACE A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH about 1886
9. AGE last birthday About 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Roanoke, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Colvin
14. MOTHER'S MAIDEN NAME Connie - Colvin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 214-32-2228
17. INFORMANT AND ADDRESS Rev. Jose Angulo, 224 Third St. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Asthenia?	3 months
151K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Pylorus End of Stomach	Year?
	(c) Enlarged Umbilical Hernia	Unk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia, Year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to August 30, 1952, that I last saw the deceased alive on Aug. 29, 1952, and that death occurred at 5:00 m., from the causes and on the date stated above.

SIGNATURE G. Herbert Sembly (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-3-'52
NAME OF CEMETERY OR CREMATORY Green Acres Cemetery
LOCATION (City, town, or county) Salisbury, Wicomico Co. (State) Md.
DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 402 E. Church St.
Mary A. Stewart, Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 4 1952
BUREAU V. S.

08914

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS in village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location) in village

3. NAME OF DECEASED (Type or Print): (First) Cadmus (Middle) — (Last) Bailey
4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (write): Married
8. DATE OF BIRTH: June 21 1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Quantico Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: Samtha Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ellen Owens (Daughter) Quantico, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. A. Redmond — (Degree or title) MD — ADDRESS 502 N Div. St Salisbury Md — DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Aug. 3-52 — NAME OF CEMETERY OR CREMATORY Quantico Cem. — LOCATION (City, town, or county) Quantico Md. (State)

DATE REC'D BY LOCAL REG. 8-2-52 — REGISTRAR'S SIGNATURE Marguerite Holloway

24. FUNERAL DIRECTOR Holloway & Co. — ADDRESS Salisbury Md
Walter R. Holloway

RECEIVED
AUG 5 1952
BUREAU V. S.

08915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 Smith St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland
STREET ADDRESS (If rural give location) 602 Smith St.

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) Hudson (Last) Baker

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 4, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Levin Hudson
14. MOTHER'S MAIDEN NAME: Martha Bunting

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Norman Elzey, 602 Smith St. Salisbury.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ch. myocarditis (arteriosclerotic)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to 8-14, 1952, that I last saw the deceased alive on 8-12, 1952, and that death occurred at 4:00 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Sheldon A. Lusk Mol ADDRESS Salisbury Md DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 8/17/52
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-18-52
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, Maryland
George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08916

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) CANE

4. DATE OF DEATH: (Month) (Day) (Year) August 18 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 15-1906
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Marion Somerset co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Clarance Hill
14. MOTHER'S MAIDEN NAME: May. Beauchamp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: May Hill Marion sta, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
684X
Immediate cause (a) Pulmonary Embolism
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) not determined
DUE TO
(c)

Interval Between Onset And Death: 2 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-6-52
19b. MAJOR FINDINGS OF OPERATION: Prolapsed cord. Multiple myomata uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5 1952, to 8-15, 1952, that I last saw the deceased alive on 18 Aug, 1952, and that death occurred at 8:45 AM 18 Aug 52, from the causes and on the date stated above.
SIGNATURE Robert Lee Baker (Degree or title) MD. ADDRESS Salisbury Maryland DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 21-52
NAME OF CEMETERY OR CREMATORY: Kingdom Hall
LOCATION (City, town, or county) (State): Marion Somerset co. Md.
DATE REC'D BY LOCAL REGISTRAR: 8-19-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Charles H. Ward ADDRESS: Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1952
BUREAU V. S.

08917

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 158 Pennsylvania Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 158 Pennsylvania Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Baechus (Last) Cantwell
4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 24, 1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - truck operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RD #2 Princess Anne Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Upton Cantwell
14. MOTHER'S MAIDEN NAME: Edora Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Willie E. Cantwell (Wife)

18. MEDICAL CERTIFICATION — 158 Penna. Ave Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X **Immediate cause** (a) shotgun wound of upper abdomen and chest — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN): Salisbury — (COUNTY): Wicomico — (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 24, 1952 8:45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted shotgun wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Kendrick McCullough M.D. — ADDRESS: Parsonsburg Md. — DATE SIGNED: Aug 25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 26-52 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county): Salisbury Md (State)

DATE REC'D BY LOCAL REG.: 8-25-52 — REGISTRAR'S SIGNATURE: Mary M. McElroy

24. FUNERAL DIRECTOR: Hollowy & Co. Walter R. Holloway — ADDRESS: Salisbury Md.

AUG 27 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 907 Paul St

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Raymond (Last) Coker

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8/28/52
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months, Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): P.G. Hospt. Salisbury Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Merle O. Coker
14. MOTHER'S MAIDEN NAME: Velma Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Merle O. Coker (Father) 907 Paul St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

768.0

Immediate cause (a) DUE TO Septicemia — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Three chambered heart — 2 d.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1952 to 8/30, 1952, that I last saw the deceased alive on 8/30, 1952, and that death occurred at 12 25 PM, from the causes and on the date stated above.

SIGNATURE Henry Mathews M.D. (Degree or title) ADDRESS Salisbury DATE SIGNED 8-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 2-52
NAME OF CEMETERY OR CREMATORY Wi Co. Mem. Park
LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-2-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

2082345404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 4 1962
BUREAU V. S.

Item 3, Film G-145 -8/13/52 CAC.

08919

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Rural — LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital	STREET ADDRESS (If rural, give location) 4104 32nd St. ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. F. (Last) Cooper

4. DATE OF DEATH: (Month) Aug. (Day) 8, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-31-1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
--	--	Pennsylvania	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Cooper	Mary Fern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unk	--	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriolar nephrosclerosis.	4
	DUE TO (c)	Arteriosclerosis, General.	~

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7-29, 1952, to 8-8-, 1952, that I last saw the deceased alive on ~~7-29~~ 8-8-52 and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE Robert Jesse. (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp. DATE SIGNED 8-8-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-8-52		Riverdale Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-8-52	Maryal Holloway	W. W. Chambers Co	Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11 8-51

RECEIVED
AUG 11 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Acco.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Church
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Chrystol (Middle) (Last) Gonzalez

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: July 20, 1952
9. AGE last birthday: yrs. 1
IF UNDER 1 YEAR: Months — Days 3+
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Church VA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mariona Gonzalez
14. MOTHER'S MAIDEN NAME: Manuela Rivera

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

571.0 Immediate cause
(a) ① Dehydration & Acidosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ② Gastroenteritis, Causative organism unknown. — 5 days.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug., 1952 to 25 Aug., 1952 that I last saw the deceased alive on 25 Aug., 1952 and that death occurred at 11:10 AM., from the causes and on the date stated above.

SIGNATURE Harry A. Lambdin (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 25 Aug '52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Aug. 26 1952
NAME OF CEMETERY OR CREMATORY Brittingham
LOCATION (City, town, or county) New Church (State) VA.

DATE REC'D BY LOCAL REGISTRAR 8-25-52
REGISTRAR'S SIGNATURE Mary Li Holloway
24. FUNERAL DIRECTOR ADDRESS Mrs. N. A. Shields New Church, Va.

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2B7.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) Purnell St ✓

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) W (Last) Goswellin
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white		Dec 19-1889	62/75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Boat maker	Own Shop	Princess Anne, Md	U.S.A.

13. FATHER'S NAME: Stephen J Goswellin
14. MOTHER'S MAIDEN NAME: Annie Manner

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Mrs Clarence W Goswellin Pattstown Pa Rt #1 Box 4-31

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
154X Immediate cause	(a) Generalized Peritonitis DUE TO	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Adenocarcinoma of Rectum DUE TO	6 mos.
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bleeding Peptic ulcer	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8.6.52	Adenocarcinoma Rectum & Liver Metastasis	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8.3, 1952, to 8.27, 1952, that I last saw the deceased alive on 8.26, 1952, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) W W Brule MD — ADDRESS 504 N Division St — DATE SIGNED 8.27.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 29 52	Whatcoat	Snow Hill	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 27 52	Mary N Norway	Riley Dennis	Snow Hill, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 408 Bank St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (Last) Gunby unkn
4. DATE OF DEATH: (Month) (Day) (Year) August 5 - 1952

5. SEX: male
6. COLOR OR RACE? e
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: March 15, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired track laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Bailey
14. MOTHER'S MAIDEN NAME: Hester Gunby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Robert Lee Gunby, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1120.1

Immediate cause (a) DUE TO Myocardial Infarction — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arteriosclerotic coronary thrombosis — "

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1952, to Aug. 5, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 11:45 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD ADDRESS Salisbury, Md DATE SIGNED 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 10 1952 NAME OF CEMETERY OR CREMATORY Hall's Hill Cemetery LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08923

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 413 Holland Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Thomas - Henry - Hastings

4. DATE OF DEATH: (Month) (Day) (Year) August 18, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 3 - 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Robert Holcomb
10b. KIND OF BUSINESS OR INDUSTRY: Phila. T.C.
11. BIRTHPLACE (State or foreign country): Sussex Co. Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hastings
14. MOTHER'S MAIDEN NAME: Elizabeth Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Lillian Holloway Hastings (Wife) 413 Holland Ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

605X Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) inactivity
DUE TO (c) bladder infection & Parkinsonian — 10-20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1952, to 8/18, 1952, that I last saw the deceased alive on 8-18, 1952, and that death occurred at 11 40 m, from the causes and on the date stated above.
SIGNATURE (Degree or title) F. M. Johnson M.D. ADDRESS Peninsula Gen. Hosp. DATE SIGNED 8-18

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 21-52
NAME OF CEMETERY OR CREMATORY Odd Fellowship
LOCATION (City, town or county) (State) Fleming Md.
DATE REC'D BY LOCAL REGISTRAR 8-22
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Holloway Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 309 Newton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 309 Newton St.

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) MELISSA (Last) INSLEY

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 18, 1874

9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah Calloway

14. MOTHER'S MAIDEN NAME: Melissa Esbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Beatrice White, 403 Newton St. Sal, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: five minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) operation of Gall stones — 7/26/52
DUE TO (c) Found Cancer gall bladder at Operation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/26/52

19b. MAJOR FINDINGS OF OPERATION Gall stone - Cancer of Gall Bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952, to Aug 9, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 6:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Lewis K Mann Jr M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 8/12/52 — **NAME OF CEMETERY OR CREMATORY:** Allen Cemetery — **LOCATION** (City, town, or county) (State): Allen, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-11-52 — **REGISTRAR'S SIGNATURE:** Mary W. Holloway

24. FUNERAL DIRECTOR — **ADDRESS:** The Hill & Johnson Co. Salisbury, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 10d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda,
STREET ADDRESS (If rural, give location): 512 Maple Ridge Rd. ✓

3. NAME OF DECEASED; (Type or Print): (First) Eliz abeth (Middle) Roberts (Last) Jobes

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-17-1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Uniontown, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Baird

14. MOTHER'S MAIDEN NAME: Margaret Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis, general c — 5

DUE TO

(c) Arteriosclerotic C-V-D.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old Cerebral Accident left hemiplegia. — 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-52, 19....., to 8-10....., 19.52., that I last saw the deceased alive on 8-10....., 1952., and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert Love. MD — ADDRESS Deer's Head State Hosp. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 13, 1952

NAME OF CEMETERY OR CREMATORY: Forest Oak Cem.

LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. 8-13-52

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Robert A. Pumphrey

ADDRESS: Bethesda, Md.

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) KENNETH (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 10-20-51

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 9, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): P.G. Hospital, Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Marguerite Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Marguerite Johnson, Quantico, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fall from the bed.

DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15 ..., 1952, to 8-18, 1952, that I last saw the deceased alive on 8-18, 1952, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

SIGNATURE Morris G. Lambdin (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-20-52 — NAME OF CEMETERY OR CREMATORY Mt. Zion Church Cemetery — LOCATION (City, town, or county) Quantico, Wicomico Co, (State) Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR STEWART FUNERAL HOME — ADDRESS 402 E. Church St.

Mary A. Stewart, Salisbury, Md.

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Dr. Lewis

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3??

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural give location) RD.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Clarence (Last) Jones

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 3-1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): RD. Willards Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A. Hargis Jones
14. MOTHER'S MAIDEN NAME: Emma Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Cornelia Jones (Wife)

18. MEDICAL CERTIFICATION RD. Willards Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 4 hrs

1447X Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension, arteriosclerosis
DUE TO
(c)

260X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to 8-16, 1952, that I last saw the deceased alive on 8-16, 1952, and that death occurred at 1.45 P, from the causes and on the date stated above.

SIGNATURE Frank Lewis (Degree or Title) M.D. ADDRESS Willards Maryland DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 14-1952
NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.
LOCATION (City, town, or county) RD. Willards (State) Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary M. Hoeman
24. FUNERAL DIRECTOR Holloway & C. Salisbury ADDRESS Md.
Walter R. Holloway

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Corinne (Middle) Eunice (Last) Jones

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Aug 16, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jones
14. MOTHER'S MAIDEN NAME: Virginia Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: John Jones, Allen, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumoperitoneum

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16/, 1952 to 8/18/, 1952 that I last saw the deceased alive on 8-17, 1952 and that death occurred at 7.55 A.M. from the causes and on the date stated above.

SIGNATURE Morris J. Lambdin (Degree or title) M.D.
ADDRESS 504 Camden Salisbury Md
DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 8-19-52
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 8-19-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS Salisbury, Md

2082317332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) Dr. Dr. #1

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Mt Vernon, Ind

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Jones

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Miranda Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: ?

Immediate cause (a) Disseminated tuberculosis.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952 to 8/18, 1952 that I last saw the deceased alive on 8/18, 1952 and that death occurred at 6 40 Pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew C. Mitchell, M.D. — ADDRESS 506 N Division St. — DATE SIGNED 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/20/52 — NAME OF CEMETERY OR CREMATORY St Paul's Cemetery — LOCATION (City, town, or county) Mt Vernon — (State) Ind

DATE REC'D BY LOCAL REGISTRAR 8-19-52 — REGISTRAR'S SIGNATURE Mary W Holloway

24. FUNERAL DIRECTOR James L. Heaman — ADDRESS Princess Anne Md.

VS. A15

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AUG 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 904 Margaret Street.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Jones
4. DATE OF DEATH: (Month) (Day) (Year) August 14 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 25 1949
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant.
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. D. Jones
14. MOTHER'S MAIDEN NAME: Miriam Render

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. J. D. Jones Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Convulsion — Interval Between Onset And Death: 2 hrs

223X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hydrocephalus, Internal — 18 mo ?

DUE TO (c) Brain Tumor — 18 mo ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 14, 1952, to 8-14, 1952, that I last saw the deceased alive on 8-14, 1952, and that death occurred at 10:15 pm, from the causes and on the date stated above.

SIGNATURE Morris A. Lambdin (Degree or title) MD. ADDRESS Salisbury Md. DATE SIGNED 8-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 17 1952 NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/18/52 REGISTRAR'S SIGNATURE Mary Holloway
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

31

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vienna

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) — (Last) Lamb

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 52

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5/1/1900

9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Chimney Cleaner

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) North Caroline

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lamb.

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown.

17. INFORMANT AND ADDRESS Mrs. Irene Lamb (wife); Mardela, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Chest

819.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH Sudden death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Vienna (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) 8 (Day) 16 (Year) 52 (Hour) 10 pm

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 502 N. Division St. Salisbury, Md. DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/20/52

NAME OF CEMETERY OR CREMATORY Mardela

LOCATION (City, town, or county) Mardela (State) Md

DATE REC'D BY LOCAL REG. [illegible]

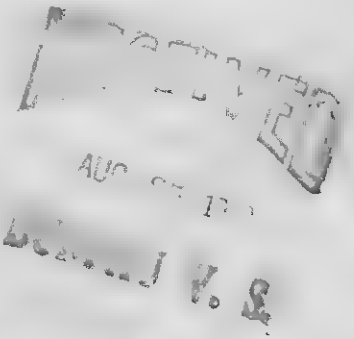
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Paul J Smith, Shaftsburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154



32

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Fruitland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Fruitland
STREET ADDRESS (If rural, give location): route 3 Salisbury

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Reed (Last) Lane
4. DATE OF DEATH (Month) August (Day) 19 (Year) 1952
5. SEX: female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1920
9. AGE last birthday: 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Canning factory
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Friends - Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

982X Immediate cause (a) Stab mound of Heart — minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: woods
(CITY OR TOWN): rural - Fruitland (COUNTY): Wicomico (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 19, 1952 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? stabbed

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident _, suicide _, homicide X, undetermined _.*

SIGNATURE (Degree or title): Kendrick McCullough M.D.
ADDRESS: R.F.D. #1, Parsonsburg Md.
DATE SIGNED: Aug. 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-23-52
NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
LOCATION (City, town, or county): Fruitland, Wicomico Co. (State): Md.
DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — Mary A. Stewart, Salisbury, Md.
ADDRESS: 402 E. Church St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) F (Last) Maddox

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1952

5. SEX: female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ~~not Known~~
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Somerset County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Maddox
14. MOTHER'S MAIDEN NAME: Abbiebell Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edith Dean Oriole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 mo. 6 days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — Indefinite

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952 to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE E. Purnell (DEGREE OR TITLE) M.D. ADDRESS 800 W Main St Salisbury, Md DATE SIGNED 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-29-52
NAME OF CEMETERY OR CREMATORY Oriole Colored
LOCATION (City, town, or county) Oriole Somerset (State) Md

DATE REC'D BY LOCAL REG. 8-28-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR William H. Jones Jr Princess Anne, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

SEP 2 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury
LENGTH OF STAY (in this place) 30 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Gloucester Apt. ✓

3. NAME OF DECEASED: (Type or Print) (First) E. (Middle) Leslie (Last) Medford

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar.

8. DATE OF BIRTH: Sept 14, 1890

9. AGE Last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Personnel Officer

10b. KIND OF BUSINESS OR INDUSTRY: State Military Dept

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Medford

14. MOTHER'S MAIDEN NAME: Medorah Chambers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW I + II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Virginia Medford - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary arteriosclerosis — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 16, 1952; that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 8 10 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur R. Ellis, Jr. MD — ADDRESS: Salisbury, Md. — DATE SIGNED: 8-16-52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 8-19-1952 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR: August 18, 1952 — REGISTRAR'S SIGNATURE: Mary W. Hennessy

24. FUNERAL DIRECTOR: John B. Taylor & Son — ADDRESS: Annapolis, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
STREET ADDRESS (If rural, give location) 610 W. [illegible] St.

3. NAME OF DECEASED (Type or Print) (First) ELISABETH (Middle) (Last) NICHOLS
4. DATE OF DEATH (Month) August (Day) 19 (Year) 1952

5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Dec. 21, 1857
9. AGE last birthday 94 yrs. If under 1 year Months 7 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR [redacted] Own Home
11. BIRTHPLACE (State or foreign country) Quantico, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin Wilson
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 212-14-4807
17. INFORMANT AND ADDRESS Carroll Nichols, Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unknown

421.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? [redacted] ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1952 to 8/19, 1952, that I last saw the deceased alive on 8/7, 1952, and that death occurred at 12 [illegible] m., from the causes and on the date stated above.

SIGNATURE Hiram R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 8/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/22/52
NAME OF CEMETERY OR CREMATORY Head of Creek
LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REG. 8 22 52
REGISTRAR'S SIGNATURE Marvin Hoffman
24. FUNERAL DIRECTOR C. D. Mercer, ADDRESS Bevalor, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] is especially important. Physicians: pl[redacted]te the causes of death clearly and legibly.

RECEIVED
AUG 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 136

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural give location) RD. #1.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ERNEST-MARION OWENS

4. DATE OF DEATH: (Month) (Day) (Year) August 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: June 13-1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Quantico Md.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: John Robert Owens
14. MOTHER'S MAIDEN NAME: Ezia Lucinia Goslee

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. H. Dale Owens, Brother Howard St. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion. DUE TO
420 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis. DUE TO
(c)

Interval Between Onset And Death: 2 days. 2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1952 to 8-17, 1952, that I last saw the deceased alive on 8-17, 1952, and that death occurred at 11:35 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Richard H Saunders MD. ADDRESS Nanticoke Md. DATE SIGNED 8/17/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Bur'd
DATE THEREOF Aug 21-52
NAME OF CEMETERY OR CREMATORY Quantico Cem.
LOCATION (City, town, or county) (State) Quantico Md.
DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Willoway & Co. Salisbury Md. ADDRESS
Walter R. Willoway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ~~Salisbury~~ Salisbury
MARYLAND
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md
COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury md
STREET ADDRESS (If rural give location) Anderson Rd

3. NAME OF DECEASED: (Type or Print) (First) GLORIA (Middle) JEAN (Last) PARKER

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 1948.

9. AGE last birthday: 4 yrs yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: ~~none~~

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Salisbury Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Beckett

14. MOTHER'S MAIDEN NAME: Catherine Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Catherine Parker.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dysentery — Interval Between Onset And Death: 1 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Secondary Anemia
DUE TO (c) Cardiac Decompensation — 48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5 1952, to 8/6, 1952 that I last saw the deceased alive on 8/6, 1952 and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 8/6/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-9-1952
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem
LOCATION (City, town, or county) Parkland (State) Md

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Parker Funeral Home ADDRESS Salisbury Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information where known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury Rural — LENGTH OF STAY (in this place) 9 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P.O.

STREET ADDRESS (If rural, give location) Grand View Ave, Long Point ✓

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	John	H	Peterson	8	7	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Sep. 21. 1860	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DENMARK

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: ~~Anna Benson~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardiovascular disease	10 y.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis cerebral	1 y.
	DUE TO (c) Arteriosclerosis general	12 y.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Urinary tract infection	7 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1952, to 8-7, 1952, that I last saw the deceased alive on 8-7, 1952, and that death occurred at 1:28 a.m., from the causes and on the date stated above.

SIGNATURE L. V. Mathis, DEGREE OR TITLE M.D. ADDRESS Salisbury Md. Physician State Hosp. DATE SIGNED 9/3/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-9-52	Mt Carmel	Baltimore	

DATE REC'D BY LOCAL REG. 8-8-52 — REGISTRAR'S SIGNATURE L. A. Hedrick

24. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson — ADDRESS

gpk.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 18 mos; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rt 4; STREET ADDRESS (If rural, give location) River Road

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) ISAAC (Last) Rodbell

4. DATE OF DEATH: (Month) AUG. (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN 3, 1865

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCRAP METAL

10b. KIND OF BUSINESS OR INDUSTRY: SCRAP METAL

11. BIRTHPLACE (State or foreign country): Poland (Foreign)

12. CITIZEN OF WHAT COUNTRY? POLAND

13. FATHER'S NAME: BENJAMIN Rodbell

14. MOTHER'S MAIDEN NAME: ADA ROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Louis Rodbell, Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1/2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT, 1951 to AUG, 1952 that I last saw the deceased alive on AUG 11, 1952 and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Alberta Mattax (Degree or title) M.D. ADDRESS: Salisbury, Md DATE SIGNED: 8/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 8-12-52; NAME OF CEMETERY OR CREMATORY: Mt. Sharon Cem; LOCATION (City, town, or county) (State): Upper Darby, Pa

DATE REC'D BY LOCAL REG.: 8-11-52; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Dennis & Watson; ADDRESS: Pocomoke, Md

RECEIVED
AUG 13 19
BUREAU V. S.

Item 8 FilmG146 9/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08940

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Amatter

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Do
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural give location): Priscilla St.

3. NAME OF DECEASED: (First) Sarah (Middle) (Last) Ruark
(Type or Print)

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mar. 9, 1875
9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. Parker
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Paul Ruark, Crisfield, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) ~~Pneumonia~~ Coronary Insufficiency — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Secondary Anemia — 2 years
DUE TO (c) unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 1951, to Aug. ..., 1952, that I last saw the deceased alive on 8/24 ..., 1952, and that death occurred at ..11.40 PM..., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alberta Mattax M.D.
ADDRESS: Salisbury, Md
DATE SIGNED: 8/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 28 1952
NAME OF CEMETERY OR CREMATORY: Crisfield
LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR: 8-27-52
REGISTRAR'S SIGNATURE: Mary W. Hardy
24. FUNERAL DIRECTOR: Durward D. Covington
ADDRESS: Crisfield Md.

RECEIVED
AUG 20 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mission of Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dexas Head Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural
STREET ADDRESS (If rural, give location) Rural Route #2.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Bert (Last) Scott
4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1952
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 8 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Truck Farmer
11. BIRTHPLACE (State or foreign country) Plainfield Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Scott
14. MOTHER'S MAIDEN NAME Agnes Runyan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John [redacted] Scott Princess Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Bronchopneumonia	24 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Pyelonephritis	2
	(c)	Arteriosclerosis	2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22, 1952, to 8-28, 1952, that I last saw the deceased alive on 8-27-, 1952, and that death occurred at 12:32 A.m., from the causes and on the date stated above.

SIGNATURE Robert Frore (Degree or title) MD ADDRESS Peerstead So Hosp DATE SIGNED 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 8/30/52
NAME OF CEMETERY OR CREMATORY Perry Hawkins Cemetery
LOCATION (City, town, or county) (State) Princess Anne R R #2 Md.
DATE REC'D BY LOCAL REG. 8-28-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James Hinman ADDRESS 124 S. Somerset Ave Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 42

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) Simms (Last) (Type or Print)

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug 27, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 2 Min 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clark Irvin Simms

14. MOTHER'S MAIDEN NAME: Alpine Faye Reddish

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Clark Irvin Simms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) asphyxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diaphragm Hernia

DUE TO

(c)

Interval Between Onset And Death: 1½ hrs

560.4

Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION No.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 19 52, to 8/28, 19 52, that I last saw the deceased alive on 8/28, 19 52, and that death occurred at 12 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Osborne Chris Jensen M.D ADDRESS Salisbury, Maryland DATE SIGNED 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/28/52

NAME OF CEMETERY OR CREMATORY Mt Vernon Cemetery

LOCATION (City, town, or county) Mt. Vernon (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-28-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR James L. Newman ADDRESS Princess Anne Md.

20822 12405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wic.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown
STREET ADDRESS (If rural give location) Railway St.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) Elizabeth (Last) SMITH

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: female Female
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 16, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Ellen Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Oscar Smith, Sharptown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute pancreatitis
DUE TO
587.0
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1952, to 8-19, 1952, that I last saw the deceased alive on 8-19, 1952, and that death occurred at 8:21 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Willem B. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 22/1952
NAME OF CEMETERY OR CREMATORY Taylor Cemetery
LOCATION (City, town, or county) Sharptown Md. (State)
DATE REC'D BY LOCAL REGISTRAR 8-22-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 mos 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) L. (Last) Stubbs
4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 23-1885
9. AGE last birthday: 66/7/18 Yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Naval Architect
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Portsmouth Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter E. Stubbs
14. MOTHER'S MAIDEN NAME: Anna E. Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Elizabeth Grace Stubbs, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 25 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis — Symptoms 1 yr.

DUE TO

(c) Myocardial Insufficiency — 3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypochromic Anemia, Severe — 20 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952, to Aug. 11, 1952, that I last saw the deceased alive on 8/11, 1952 and that death occurred at 1.58 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Leland J. Gilmore M.D. ADDRESS Salisbury Md DATE SIGNED Aug. 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 14/52
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) Snow Hill, (State) Md
DATE REC'D BY LOCAL REGISTRAR 8-13-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury - Rural
LENGTH OF STAY (in this place) 7 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill - Private Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) King (Last) Sturgis

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Oct. 20 - 1873
9. AGE last birthday: 78/9/17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police officer
10b. KIND OF BUSINESS OR INDUSTRY: Worcester County
11. BIRTHPLACE (State or foreign country): Powellville, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Sturgis
14. MOTHER'S MAIDEN NAME: Ellen Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr James T Sturgis, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 44 X

Immediate cause (a) Cardio-vascular renal disease DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1952 to Aug. 7, 1952, that I last saw the deceased alive on Aug. 7, 1952, and that death occurred at 1.10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Md Salisbury Md 8-8-52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 10/52
NAME OF CEMETERY OR CREMATORY Bates Methodist
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 8-11-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]46

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural give location) 109 Ocean Blvd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) A (Last) Taylor

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 12, 1903

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired): WATERMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CHINCOTEAGUE (Va.)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Thelma Taylor - Chincoteague Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

Immediate cause (a) Subarachnoid Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] — DUE TO Previous similar Hemorrhage 8-2-52 (c)

Interval Between Onset And Death: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1952, to 8-9, 1952, that I last saw the deceased alive on 8-9, 1952, and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE J. H. Rademaker (Degree or title) M D — ADDRESS 502 No Div Salisbury Md — DATE SIGNED 8-9-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE OF [illegible] 8/12/52 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) Chincoteague — (State) Va

DATE REC'D BY LOCAL REGISTRAR 8-28-52 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR William B. Sayer — ADDRESS Chincoteague Va

RECEIVED
SEP 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar
STREET ADDRESS (If rural give location) R F D # 2

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) H. (Last) TINGLE

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-9-1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? 25 9.

13. FATHER'S NAME: John Brittingham
14. MOTHER'S MAIDEN NAME: Martha Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Clarence Tingle. Delmar.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Coronary Thrombosis — Interval Between Onset And Death: 12 hours

420.1 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary arteriosclerosis — 10 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 3 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 8/18, 1952, that I last saw the deceased alive on 8/18, 1952, and that death occurred at 9:30 PM, from the causes and on the date stated above.
SIGNATURE Ernest M. Lawrence (Degree or title) ADDRESS Delmar Del DATE SIGNED 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-21-52 NAME OF CEMETERY OR CREMATORY Nelsons LOCATION (City, town, or county) Delmar. Del. (State)
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE Mary M. Hastings
24. FUNERAL DIRECTOR W. S. Marvel Co. ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
A 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) Third Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Hellene (Middle) Mae (Last) Ward
4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 23-1918
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Hagen
14. MOTHER'S MAIDEN NAME: Orthy Runyon
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: 403-12-6481
17. INFORMANT & ADDRESS: Stephen J. Ward, Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 754.6 Subarachnoid Hemorrhage — Interval Between Onset And Death: 5 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital aneurysm — from birth

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

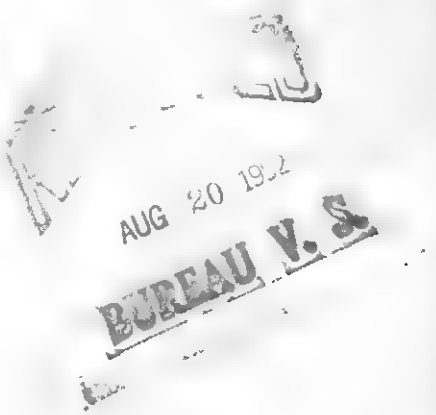
22. I hereby certify that I attended the deceased from 8/17/, 1952, to 8/17/, 1952, that I last saw the deceased alive on 8/17/, 1952, and that death occurred at 1.50 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur D. Ellis, Jr. M.D.
ADDRESS Salisbury, Md.
DATE SIGNED 8-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF aug 21-1952
NAME OF CEMETERY OR CREMATORY Belfry Cemetery
LOCATION (City, town, or county) (State) Belfry Kentucky

DATE REC'D BY LOCAL REGISTRAR 8-18-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry A. Watson
ADDRESS Pocomoke Md.

VS 44


AUG 20 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Church ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown, MD
STREET ADDRESS (If rural, give location) South Church ST

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) BADEN (Last) WARREN

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN 19 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN G. WARREN

14. MOTHER'S MAIDEN NAME: ELIZABETH GEORGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-9912

17. INFORMANT AND ADDRESS: MRS JAMES WARREN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial failure	2 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized anasarca	1 yr.
	(c)		

H34.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1952, to Aug. 10, 1952, that I last saw the deceased alive on Aug. 10, 1952 and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Williams M.D. ADDRESS Laurel, Del. DATE SIGNED Aug. 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/14/52 — NAME OF CEMETERY OR CREMATORY: Firemans — LOCATION (City, town, or county) (State): Sharptown, MD

DATE REC'D BY LOCAL REG.: 8-13-52 — REGISTRAR'S SIGNATURE: Mary C. Owens

24. FUNERAL DIRECTOR: Paul J. Smith — ADDRESS: Sharptown, Md

COPY SENT TO LOCAL REGISTRAR No. ____ DATE ____

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08950

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ledella (Middle) Mae (Last) Waters

4. DATE OF DEATH: (Month) 8 (Day) - 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: A A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: about 1898
9. AGE last birthday: about 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Nanticoke Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Loucius Carter
14. MOTHER'S MAIDEN NAME: Sarah Hester Barclay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 219-05-3523
17. INFORMANT & ADDRESS: Mr. James Waters, Nanticoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 33 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Renal Hypertension — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952, to Aug 23, 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE: F Purnell (DEGREE OR TITLE) M. D. ADDRESS 800 W Main St, Salisbury, Md DATE SIGNED 8/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-27-52
NAME OF CEMETERY OR CREMATORY Nanticoke Cemetery
LOCATION (City, town, or county) Nanticoke, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 8-28-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 402 E. Church St. Mary A. Stewart, Salisbury, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
SEP 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18951 332

CERTIFICATE OF DEATH

Reg. Dist. No. 6F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) N. Church St

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Luther (Last) Webster

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 20-1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver - Lumber	Mill	Deal Island Md	U.S.A.

13. FATHER'S NAME: David L. Webster

14. MOTHER'S MAIDEN NAME: Emma Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Margaret Webster (Wife) W. Church St. Hebron Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 24th, 1952, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William Emrich M.D. Hebron Md Aug 26-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30-52	Hebron Cemetery	Hebron Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-29-52	Mary W. Holloway	Holloway & Salisbury	Md.
		Walter K. Holloway	

RECEIVED
SEP 3 1952
BUREAU V. S.